

FEDERAL AVIATION ADMINISTRATION
AVIATION INSURANCE PROGRAM, APO-3

APPLICATION FOR FAA INSURANCE

Air Carrier Name

2-Digit code

3-Digit Code (If applicable)

Mailing Address

Carrier Certification:

(i.e., 121, 135)

Mail Delivery Address

Company Official Point of Contact

Telephone Number

FAX Number

E-mail

Alternate (second) Point of Contact

Telephone Number

FAX Number

E-mail

Name of Lead Insurer

Address

Contact

Telephone Number

Insurance Broker/Agent

Address

Contact

Telephone Number

Hull Policy Number _____ Coverage dates _____

Liability Policy Number _____ Coverage dates _____

Name of Air Carrier _____

Type of Insurance: ALL RISK

| | Hull | Liability |
|-------------------|-----------------------------|------------------------|
| Coverage in Force | \$ (per occurrence) | \$ (per occurrence) |
| Coverage in Force | \$ (average fleet value) | \$ (aggregate) |
| Annual Premium | \$ | \$ |

Type of Insurance: WAR RISK

| | Hull | Liability |
|-------------------|-----------------------------|------------------------|
| Coverage in Force | \$ (per occurrence) | \$ (per occurrence) |
| Coverage in Force | \$ (average fleet value) | \$ (aggregate) |
| Annual Premium | \$ | \$ |

To participate in FAA insurance, please provide the requested information and submit with:

- **Copy of your commercial insurance policy which includes both All Risk and War Risk insurance coverage**
- **Copy of your air carrier certificate**
- **Aircraft schedule including aircraft type, N-number, serial number, and fleet valuation**

Send to: FAA, APO-3 BUSINESS CONFIDENTIAL
 800 Independence Ave, SW
 Washington, DC 20591

Contacts: Eric Nelson (202) 267-3090 eric.nelson@faa.gov
 Helen Kish at (202) 267-9943 helen.kish@faa.gov
 Fax: 202-267-3324